

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/009516**

FILING DATE **04 MAR 2002**

APPLICANT(S) *King*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2				/		
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TOTAL IND.			2			
TOTAL DEP.			10			
TOTAL CLAIMS			12			

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